PTO/SB/22 (12-04)
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(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  pplication Number 09/899,095-Conf. #002746  or DOOR GLASS RUN  Int Unit 3634  Inis is a request under the provisions of 37 CFR 1.136(a) to extend the entified application.  The requested extension and fee are as follows (check time period described in the entified application).  The month (37 CFR 1.17(a)(1)) \$120  X Two months (37 CFR 1.17(a)(2)) \$450  Three months (37 CFR 1.17(a)(3)) \$1020  Four months (37 CFR 1.17(a)(4)) \$1590  Five months (37 CFR 1.17(a)(5)) \$2160  Applicant claims small entity status. See 37 CFR 1.27.  X A check in the amount of the fee is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director has already been authorized to charge fees in this		appropriate fee below):		
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Payment by credit card. Form PTO-2038 is attached.				
The Director has already been authorized to charge fees in this				
	application to a Dep	posit Account.		
The Director is bereby authorized to charge any fees which may				
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I am the applicant/inventor.				
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assignee of record of the entire interest. See 37 Statement under 37 CFR 3.73(b) is enclosed		<b>6</b> ).		
attorney or agent of record. Registration Number	er			
x attorney-or agent under 37 CFR 1.34.		•		
Registration number if acting under 37 CFR 1.34	29,271	•		
( Vim II Arlink	September 6, 2005			
Signature	Date			
Charles Gorenstein	(703) 205-8000			
Typed or printed name	Telep	hone Number		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their rep than one signature is required, see below.	resentative(s) are required	. Submit multiple forms if more		

· 09/07/2005 SZEWDIE1 00000091 09899095

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PTO/SB/17 (12-04v2) Approved for use through 7/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known Effective on 12/08/2004. 09/899,095-Conf. #002746 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). **Application Number** TRANSMITTAL July 6, 2001 Filing Date Tomonori HAMADA First Named Inventor For FY 2005 G. J. Strimbu **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 3634 Art Unit 1602-0173P TOTAL AMOUNT OF PAYMENT 450.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) x Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or underpayment of x Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity Small Entity** Small Entity **Application Type** Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) 300 500 250 200 100 Utility 150 200 100 50 130 65 Design 100 150 Plant 200 100 300 160 80 Reissue 300 150 500 250 600 300 200 100 0 Λ 0 0 Provisional **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180

Indep. Claims	Extra Claims	Fee (\$	)	Fee Paid (\$)			
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. APPLICATION S	IZE FEE						
If the specification	and drawings	exceed 10	sheets	s of paper (excluding electronically filed	sequence o	r com	iputer
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. OTHER FEE(S)							Fees Paid (\$)
Non-English Sp	ecification, \$1	30 fee (no	small e	entity discount)			
Other (e.g., late	filing surcharge	e): 1252 E	xtensi	on for response within second month	1		450.00

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SUBMITTED BY	711	7		, į			•		
Signature		lul	W	1	run	Registration No (Attorney/Agent)	29,271	Telephone	(703) 205-8000
Name (Print/Type)	Charle	es Gorens	tein					Date	September 6, 2005

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

**Total Claims** 

Extra Claims

Fee (\$)